

# Collaborative Quality Improvement Plan Change Concepts and Change Ideas

Improve early detection, intervention, and outcomes for people with chronic diseases, specifically mental health and addictions

- Emergency department visits as first point of contact for mental health and addictions-related care

## About the Indicator

This indicator is about increasing overall access to community mental health and addictions (MHA) services and measures the number of individuals for whom the emergency department was the first point of contact for MHA care.

When access to timely community-based mental health assessment and treatment is insufficient, people who require services may use the emergency department as their first point of contact. Therefore, a high rate of use of the emergency department as a first point of contact for MHA care may indicate inadequate access to outpatient physician- and community-based care.

## Key Resources

- [Excellence through Quality Improvement Project \(E-QIP\) – Improving access to community MHA services](#) (English only)
- [Ontario Health's quality standards](#)
  - [Problematic Alcohol Use and Alcohol Use Disorder quality standard](#)
  - [Opioid Use Disorder \(Opioid Addiction\) quality standard](#)
  - [Anxiety Disorders quality standard](#)
  - [Major Depression quality standard](#) (updated in 2024)
  - [Eating Disorders quality standard](#)

To stay updated about new programs, tools, and services, Ontario Health Teams (OHTs) are encouraged to sign up for the MHA Centre of Excellence (CoE) webinars. Please contact the MHA CoE at [MHACoE@OntarioHealth.ca](mailto:MHACoE@OntarioHealth.ca) to join the mailing list.

## Getting Started: Review and analyze data to identify, understand, and explore variation within the patient population

Use data to understand the population accessing care for MHA in the emergency department. Access your OHT Data Dashboard or email [OHTanalytics@OntarioHealth.ca](mailto:OHTanalytics@OntarioHealth.ca) to request access.



### Change concept 1: Support early recognition of patients or clients at risk for emergency department visits

Use community programs and primary care screening to identify patients or clients at risk for crisis to determine and set up appropriate supports

- [Ontario Structured Psychotherapy \(OSP\) Program – Depression and Anxiety-Related Concerns](#)
- “Incidence of access to ambulatory mental health care prior to a psychiatric emergency department visit among adults in Ontario, 2010-2018” ([Kurdyak et al, 2021](#); English only)

Utilize tools that aid in early identification of MHA serious risk symptoms and behaviours and allow timely intervention

- [Centre for Effective Practice – Keeping Your Patients Safe](#) (English only)
- [Evidence2Practice Ontario – Digital assessment tools for anxiety disorders and depression in adults \(acute care and primary care\)](#) (English only)



### Change concept 2: Provide education, training, and guidance to health care providers

Provide general education, training, and clinical guidance to providers on early recognition of imminent mental health risks and actions to take

- [Centre for Addiction and Mental Health – Continuing Education Programs and Courses](#)
- [Registered Nurses’ Association of Ontario – Mental Health and Addiction Initiative](#) (English only)
- [Knowledge Institute on Child and Youth Mental Health and Addictions – Resource hub](#)



### Change concept 3: Improve access to complex and crisis care

Seek out and establish partnerships in the community to provide increased access to complex and crisis mental health care (e.g., ride-along services, mobile crisis units, drop-in services, navigation services like OntarioConnex, Health811)

- “Mental health services in Canada: barriers and cost-effective solutions to increase access” ([Moroz et al, 2020](#); English only)
- [AccessMHA](#) (Eastern Ontario)
- [Youth Wellness Hubs Ontario](#)
- [Health811 – Find mental health support](#)